V.I. EMPLOYMENT SECURITY ABENCY
UNEMPLOYMENT INSURANCE SERVICE
53A-54A & B KRONPRINDSENS GADE
ST. THOMAS, U.S.V.I. 00801

MULTI-ESTABLISHMENT REPORT

FOR EMPLOYER WITH TWO (2) OR MORE ESTABLISHMENTS
SUPPLEMENT TO EMPLOYER'S QUARTERLY
WAGE AND CONTRIBUTION REPORT

For Quarter Ending: _____
Delinquent After: _____

Your Tax Rate: _____ %
Taxable Wage Base: _____

INSTRUCTIONS: For each separate establishment or location listed in Column 1, complete columns 2 through 6. For column 2, enter the island of operations. In columns 3A, 3B and 3C, enter the number of employees who worked or received pay for any part of the pay period which includes the 12th of each month of the quarter. In columns 4, 5 and 6, enter total wages, taxable wages, and contributions due for each entry in column 1. The totals at the bottom of each column (3A through 6) MUST EQUAL corresponding totals (items 19, 7A, 7B, and 8) on the EMPLOYERS QUARTERLY WAGE and CONTRIBUTION REPORT (VIUIS - 2)

DO NOT USE	1. ESTABLISHMENT DESIGNATION TRADE NAME AND LOCATION ADDRESS ADD ANY TRADE NAME AND LOCATION NOT PREPRINTED BELOW	2. ISLAND	DO NOT USE	DO NOT USE	3. NUMBER OF EMPLOYEES			4.TOTAL WAGES PAID		5. TAXABLE WAGES PAID		6. CONTRIBUTION DUE	
					A. 1ST MONTH	B. 2ND MONTH	C. 3RD MONTH	DOLLARS	CENTS	DOLLARS	CENTS	DOLLARS	CENTS